

CLAIMS ONLY						Application Number <i>10-700383</i>	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
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48							
49							
50							
Total Indep			3				
Total Depend			<i>70</i>				
Total Claims			<i>73</i>				
Total Indep							
Total Depend							
Total Claims							